



County of Los Angeles CHIEF EXECUTIVE OFFICE

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<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

February 24, 2011

To: All Department Heads

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is placed next to the printed name and title.

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

EMPLOYEE VEHICLE DAMAGE CLAIMS

In our ongoing efforts to strengthen and improve the Mileage Reimbursement Program, the Chief Executive Office Risk Management Branch has developed a Permittee Driver Vehicle Damage Reimbursement Claim checklist to assist your staff in gathering claim information and monitoring the reimbursement process.

The attached checklist with instructions is available online for your use at:
<http://riskmanagement.mylacounty.info/>.

If you have any questions, please have your staff contact Ellen Sandt at (213) 974-1186 or esandt@ceo.lacounty.gov.

WTF:ES
LM:KG:EP:rn

Attachment

c: All Deputy Chief Executive Officers
All Administrative Deputies

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"To Enrich Lives Through Effective And Caring Service"
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**COUNTY OF LOS ANGELES
PERMITTEE DRIVER
VEHICLE DAMAGE REIMBURSEMENT CLAIM CHECKLIST**

Section A	Date:	
	Employee Name (Claimant):	
	Department/Division/Unit:	

		YES	NO	N/A
Section B	1. Did the department receive notice of the incident within 3 business days?			
	2. Is the employee a certified Mileage Permittee, i.e., authorized to drive and eligible for mileage reimbursement?			
	3. Did the employee provide proof of vehicle ownership? <i>Note: Excluded from consideration are motorcycles, off road vehicles and marine vehicles.</i>			
	4. Did the employee provide a copy of the current vehicle registration and vehicle liability insurance?			
	5. Was the employee working on the day of the accident and utilizing their vehicle while on County business?			
	6. If not driving while on County business, was the vehicle parked in permittee's headquarters at the time the vehicle was damaged? <i>Note: Civic Center employees who are designated as occasional drivers are not eligible for coverage when parked at Headquarters.</i>			
	7. Is the employee's driver's license current?			
	8. Is the <i>Claim for Damage to Personal Vehicle</i> report complete and filed within 10 business days from the date of damage to the vehicle?			
	9. Are the two separate itemized estimates from licensed repair facilities consistent in the itemization of damage to be repaired?			
	10. Are rental car, towing and/or storage receipts, if applicable, consistent (<i>limited to a maximum of 30-day rental/storage; see Mileage Reimbursement Program memo for additional restrictions</i>)?			
	11. Are photos of the damaged vehicle submitted, including at least one photo that clearly shows the vehicle license plate and car as a whole, and photos that clearly show all damaged areas of the vehicle for which reimbursement is claimed (<i>at the discretion of the department, highly recommended</i>)?			
	12. Is the copy of the police report attached and consistent with the employee's reported statement?			
	13. Has the employee been reminded to complete and submit the <i>Report of Accident Occurring in California</i> form (SR1) to the Department of Motor Vehicles for injury, death or property damage exceeding \$750?			

Section C	Comments:			
	Completed by:		Date:	
	Approval Signature:	Approved <input type="radio"/> Denied <input type="radio"/> <i>(Any "No" responses may result in a denied claim unless specifically approved by management.)</i>	Date:	

INSTRUCTIONS FOR COMPLETING THE VEHICLE DAMAGE REIMBURSEMENT CLAIM CHECKLIST

Purpose: To assist in evaluating a permittee's request for reimbursement of vehicle damage as directed under the Mileage Reimbursement Program (Program). This guide includes detailed instructions to ensure that all pertinent information has been provided to make a determination for all claims submitted for payment.

Section A:

1. Enter the date the form is completed.
2. Enter the permittee's name who submitted the claim.
3. Enter the Department's Division/Unit where the permittee is headquartered.

Section B:

1. Check whether the accident was reported to the department within 3 business days as instructed in the Mileage Reimbursement Program Memorandum (Memo) annually distributed by the Chief Executive Office.
 - a. While it is a prudent measure to notify the supervisor immediately after an incident, there may be occasions when that may not be possible (weekend, holiday, vacation, night shift coverage, or other days off). Therefore, the permittee should be instructed to report the incident as soon as possible or within 3 business days.
 - b. After initial notification to the department, the permittee shall complete and submit the *County of Los Angeles Report of Collision or Incident* form.
 - c. This form has dual purposes:
 - (1) to report the incident to the department, and
 - (2) to file a report with Carl Warren, the County's third party administrator, when a third party is involved in the incident.
 - d. Untimely reporting for vehicle damage reimbursement shall result in denial of a permittee's claim.
2. Check whether the employee has been certified as a Mileage Permittee covering the time of the incident as required under County Code 5.40.240.
 - a. If the certification does not cover the time of the incident, the claim shall be denied at the discretion of the Department Head.
3. Check whether the permittee has provided proof of ownership for the damaged vehicle as required under County Code 5.85.020.
 - a. The permittee must be using his/her privately owned vehicle to be compensated for any damages that occur to the vehicle while in the course and scope of County business.

Section B (Continued)

- b. Vehicles are described in the County Code, Section 5.85.020 and include the following: automobiles, pick-up trucks, or vans. Excluded from consideration are motorcycles, recreational vehicles, off-road vehicles and marine vehicles.
4. Check whether the permittee provided a copy of the current vehicle registration and proof of vehicle liability insurance as instructed in the Memo.
5. Check whether the permittee was working on the day of the incident and whether the permittee was utilizing his/her personal vehicle while on County business (includes parked at field location or headquarters) as required in County Code sections 5.85.010 and 5.85.050.
 - a. In order to benefit from the Program, the permittee must be on duty and driving in the course and scope of County business.
 - b. Excluded are trips to undergo a medical examination or treatment, to participate in a Civil Service examination, or to pursue employee relations matters on the employee's behalf.
6. Check whether the permittee's vehicle was damaged in his/her assigned headquarters. Verify the employee's status as a mileage permittee.
 - a. The Program will pay for damages sustained in the permittee's headquarters parking location. This does not apply to occasional drivers. If the permittee is parked at another location and the vehicle is damaged during this time, the permittee must be in course and scope of County business.
7. Check whether the permittee has a current driver's license as outlined in the Memo.
 - a. If the permittee does not have a current driver's license, report the discovery to the supervisor so that action can be taken to re-evaluate the employee's mileage permittee status.
8. Check whether the *Claim for Damage to Personal Vehicle* report is completed as required under County Code section 5.85.070 and outlined in the procedures section of the Memo.
 - a. This form is used to determine the extent of injuries and damage to the vehicle and persons involved in the incident.
 - b. Untimely claims shall be denied for reimbursement.
9. Check whether two separate itemized estimates were completed by a licensed repair facility. Evaluate whether the estimates are similar in itemization of work to be repaired. If there is a significant difference, clarification may be requested to explain the disparity in costs.
 - a. To determine whether an auto repair facility is licensed, contact the State of California Department of Consumer Affairs, Bureau of Automotive Repair, at: <http://www.bar.ca.gov>.

Section B (Continued)

10. Check whether rental, towing and/or storage fees have been verified with sufficient documentation (invoices, receipts, etc.). If there were no expenses incurred for any of these items, check the box marked "N/A".
 - a. Rental fees, towing and storage fees contain some restrictions. Refer to the Mileage Reimbursement Program Memo for further clarification.
11. Check whether photos of the damaged vehicle were provided by the permittee. Photos should validate the permittee's claim for the specified damages. Check to reconcile the damage seen in the photo against the documentation provided by the permittee to ensure that the estimated cost is validated by all the evidence provided including photos (*at the discretion of the department, highly recommended*).
 - a. While photos are not mandatory, documentation of the damage is useful in determining the actual damage to the vehicle when a physical investigation is not possible.
12. Check whether a copy of the police report was attached to the claim. There may be occasions when a report was not filed. If so, check the box marked "N/A". If a report is on file, review the information and reconcile with the other documentation including the *County of Los Angeles Report of Vehicle Collision or Incident* form to ensure both are consistent with the permittee's claim.
 - a. Police reports are customarily filed when there is an injury to either party.
13. Check whether the permittee has been reminded to complete the *Report of Accident Occurring in California* form or SR-1. California law requires traffic accidents on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage in excess of \$750. The law requires the driver to file the SR-1 form with DMV regardless of fault.

Section C

Comments:

Enter comments or clarification that may be useful in your determination.

Completed by:

Sign and date this form once completed. The person signing this section has completed the checklist in its entirety.

Signature:

Check box to indicate whether the claim was approved or denied. Sign and date. The person signing this section must have authority to approve reimbursement for claim submitted by the permittee.